

- * Shared Visions
New Pathways
- * Periodic Performance
Review
- * Priority Focus
Process/ Priority
Focus Areas
- * Tracer Methodology
- * Ask Dr. Quality
- * Infection Control
Update
- * Safety Tips
- * JCAHO Check List

POINTS OF
INTEREST

- * Tracer Methodology
will account for up to
80% of our survey
- * We will have an unan-
nounced survey within
12 months of our tri-
ennial survey
- * There will be patient
tracers and a medica-
tion management
interview
- * 5% of hospitals will
have a random survey
to focus on three pri-
ority focus areas

The Clinical Chronicle

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Welcome to the first edition of the Clinical Chronicle a monthly newsletter dedicated to keeping you informed about issues related to clinical care, patient safety, and the JCAHO! This month's issue is dedicated to the latest changes in the JCAHO survey process.



Mark O. Hatfield Clinical
Research Center

Shared Visions-New Pathways

In the fall of 2002 the Joint Commission announced significant changes to the accreditation process for health care organizations. The **Shared Visions-New Pathways** shifts the focus from "just-in-time" survey preparation to continuous readiness with a focus on improvement of organizational systems that directly impact the quality and safety of patient care. Major changes in this new survey approach include: the requirement to conduct a formal mid-survey organizational self-assessment ("Periodic Performance Review"), the identification by JCAHO of critical processes specific to the CC that they will scrutinize during the survey ("Priority Focus Areas"), and the use of "tracer methodology" to assess the care and treatment of patients. Each of these is described below.

Periodic Performance Review	Priority Focus Process	Tracer Methodology
<p>The Periodic Performance Review (PPR) is a new form of self assessment that formally evaluates compliance with standards at the mid-point of the accreditation cycle. Based on the outcomes of the PPR, a plan of action is developed by the hospital. The plan of action is a detailed description of how a hospital plans to bring into compliance any standards identified as "not compliant" during the PPR. The plan of action must include steps to be taken and target dates for completion. The hospital will receive notice of the PPR no later than the 15th month of the triennial accreditation cycle; for us that means by March of 2005. You will hear more about this process and your responsibilities during the process as we move closer to our target date.</p>	<p>Integral to the Shared Vision-New Pathways is the Priority Focus Process (PFP). The PFP converts pre-survey data into information that focuses survey activities and customizes the accreditation process to make it specific to our hospital. From these data the PFP identifies Priority Focus Areas (PFAs), specific to our hospital, on which surveyors will focus during the initial part of the on-site survey. PFAs are processes, systems, and structures in a health care organization that significantly impact safety and quality of care. Examples of priority focus areas are assessment and care of patients, communication, infection control, equipment use, medication management, and patient safety.</p>	<p>The Tracer Methodology involves gathering data from staff throughout the organization about an individual patient's care. The surveyor will trace the identified patient's path in the hospital visiting each area of care or service delivery, starting with admission. At each location, staff who provided care to the patient (or staff who provided similar care) are asked questions about care and services provided in their area. "Staff" includes physicians, nurses, pharmacists, technicians, social workers, dieticians, and others who had direct contact with the patient. The patient may also be asked about his or her perceptions regarding care and services. A typical tracer takes one to three hours to complete.</p>

ASK DR. QUALITY

Back by popular demand, Dr. Quality returns to the press after a 10-year hiatus.

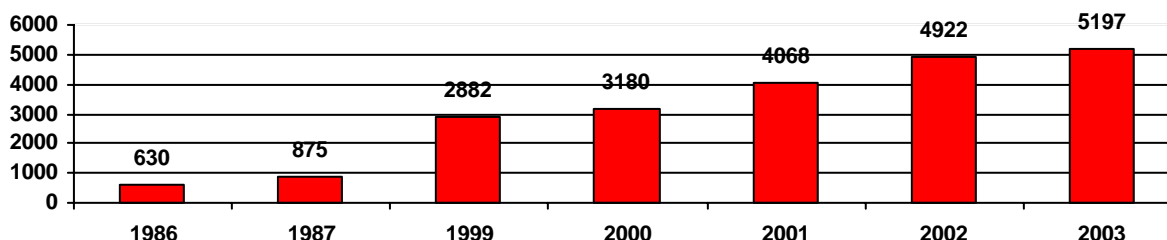
Have a question about the NIH Clinical Center clinical quality or patient safety programs? Have a suggestion?

ASK DR. QUALITY!! E-mail CC-DRQUALITY@cc.nih.gov

Q: Dear Dr. Quality,

Is there a process that we can use to report errors or near errors that occur in our area?

A: Yes, the ORS (occurrence reporting system). The ORS is used to report and track errors or near errors. The information obtained from the ORS helps us to identify trends in the CC. Departments in the CC and institute programs use the data from the ORS to review and revise processes and procedures that may have contributed to errors. We have seen a significant increase in the use of the ORS during the last few years. Please see the graph below.



INFECTION CONTROL UPDATE

Hand Hygiene is critical especially with the flu season ahead! Hand Hygiene reduces the incidence of health-care associated infections. It is the single most important means of preventing the spread of infection. Hand hygiene should be performed often:

- before and after each patient contact
- between tasks on the same patient
- after contact with blood, body fluids, or other infectious materials
- after contact with soiled equipment or environment
- after removing gloves or other protective equipment
- after using the bathroom
- after sneezing or coughing
- before preparing food and eating
- after changing diapers

Hand hygiene can be performed with soap and water or waterless hand antiseptic (when hands are not visibly soiled). CC approved products for hand hygiene:

Bactifoam	antimicrobial soap
Avagard D	waterless hand rub
Accent Plus	lotion

Remember: 15 seconds of rubbing hands together is the mantra whether you choose water or waterless!

Refer to <http://intranet.cc.nih.gov/hospitalepidemiology/> for complete guidelines.



NATIONAL PATIENT SAFETY GOALS (NPSG)

Do you remember to use at least 2 patient identifiers (**Name and Date of Birth**) whenever administering medications or blood products; taking blood or other specimens; or providing treatments and procedures? If the answer is yes, you are in compliance with **NPSG #1: Improve the Accuracy of patient identification!**

SAFETY TIP OF THE MONTH

Do you know where to find your red alert critical NIH identification badge? Hospital workers will need the critical card to access NIH in case of a disaster. If you lost your card or are a new employee and did not get a red card, check with your supervisor or administrative officer. Remember! Your department must update your personal information in the NIH NED computer system before you can get the card. After this is done, you can get the card in Bldg 31, Parking Office.

YOUR JCAHO CHECKLIST

Please make sure that you have the following information at your finger tips:

- Staff competency checklist completed for all staff
- Appropriate credentials for staff who require licensure or certification
- Performance Improvement Data
- Departmental policies and procedures

We hope you have found the information contained in our first edition helpful.

Please send your feedback to CC-DRQUALITY@cc.nih.gov.